

# THE SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

STATE OF ARIZONA

CASE NO: CR

v.

## APPLICATION TO:

☐ RESTORE CIVIL RIGHTS

☐ RESTORE GUN RIGHTS – Complete and  
Attach Request to Restore Right to Possess or Own Firearms.

☐ SET ASIDE JUDGMENT OF GUILT

☐ REQUEST FOR RECONSIDERATION:  
Complete and attach Request for Reconsideration  
☐ Civil Rights ☐ Gun Rights ☐ Set Aside Judgment

DEFENDANT

Date of Birth: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

DEFENDANT, in person or by an authorized representative, alleges:

1. A Judgment of Guilt was entered against the defendant on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on the conviction of: \_\_\_\_\_, in the:

Superior Court of Arizona and designated as a:

☐ Felony

☐ Misdemeanor

2. On the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, Defendant

☐ Completed the conditions of probation and was discharged therefrom, the Order appearing in the Superior Court file

☐ Received from the director of the Department of Corrections an absolute discharge from imprisonment on a date two (2) or more years before today's date and has attached a copy hereto.

3. That the above stated judgment of guilt and conviction for a felony is the defendant's first felony conviction in this or any other state:

☐ YES

☐ NO

4. All fines, fees or financial obligations are paid in full in this case.

☐ YES

☐ NO

Defendant's Signature

Date

Telephone Number

Defendant's or Representative's complete address

E-mail address: (required if requesting copy of Notice)

Representative's signature (if applicable). \*Attach Authorization

Date

Telephone Number

Name:	
Address:	
City & State:	
Email:	
Phone:	

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**  
**IN AND FOR THE COUNTY OF MARICOPA**

<u><b>STATE OF ARIZONA</b></u> PLAINTIFF  VS.  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> DEFENDANT	CASE NUMBER: CR _____  <input type="checkbox"/> REQUEST TO RESTORE RIGHT TO POSSESS OR OWN FIREARMS  <input type="checkbox"/> REQUEST FOR RECONSIDERATION
--	---

PLEASE WRITE BELOW YOUR REASON(S) FOR REQUESTING TO HAVE THE RIGHT  
 TO POSSESS OR OWN FIREARMS RESTORED OR YOUR REQUEST FOR RECONSIDERATION.

---

 Defendant's Signature

---

 Date

## **FOR FEDERAL CASE USE ONLY**

DEFENDANT, in person or by an authorized representative, alleges: (use for **Federal** Restoration of Civil Rights only)

5. A Judgment of Guilt was entered against the defendant on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on the conviction of:  
\_\_\_\_\_, in the:

☐ **Federal** District Court for the district of: \_\_\_\_\_

☐ Received from the Director of the **Federal** Bureau of Prisons an absolute discharge and has attached a copy of all supporting documents.

\* **Federal Case use only** – Complete all required information on page 1 (disregard questions 1 – 4). Complete the required information for question 5, sign, date and attach to the first page of the Application.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\* **Required for Federal Case use only**\*

SUPPLEMENTAL INSTRUCTIONS  
RESTORATION OF CIVIL RIGHTS APPLICATION

Please read and follow the instructions in the Application packet carefully and completely. Information needed from the court record to fully complete the Application is available at the Customer Service Center located at 601 West Jackson, Phoenix. Hours are 8:00 a.m. to 5:00 p.m., excluding Holidays and weekends.

Further information may be found at;

<http://www.clerkofcourt.maricopa.gov/copies.asp>

Persons sentenced to prison **must** obtain a copy of an Absolute Discharge from the Department of Corrections (DOC). DOC is located at 1601 West Jefferson, Phoenix, AZ. The Department of Corrections may require proof of payment of all financial obligations. If required, you may request a payment history report by contacting the Criminal Financial Obligations Section of the Clerk's Office at 602-506-8621. Further information may be found at;

<http://www.azcorrections.gov/adc/email.asp>

Persons sentenced to a term of probation may also have outstanding balances remaining on financial sanctions imposed by the court. A payment history report may be obtained by contacting the Criminal Financial Obligations Section of the Clerk's Office at 602-506-8621.

RESTORATION OF CIVIL RIGHTS  
RESTORATION OF GUN RIGHTS  
SET ASIDE JUDGMENT OF GUILT

Listed below are the ways in which a person can apply to the Superior Court to set aside a judgment of guilt, and/or restore civil rights in Arizona. The attached Application must be completely filled out, dated and signed. If requesting a Notice of the hearing date, an email address must be provided. If required, an Absolute Discharge from the Department of Corrections must accompany the application.

Before proceeding there are three (3) important points to be considered:

1. If you were convicted of a misdemeanor, you never lost any of your civil rights; therefore, part of the process described doesn't apply to you.
2. Questions concerning convictions in justice courts or magistrate courts (city) must be asked directly to the court where the convictions occurred.
3. If you were convicted of multiple offenses, the court must act on each one separately in one of the following ways:
  - a. If you had more than one case number you must prepare and file a separate application for each case number.
  - b. For each case number or count listed, you must note if it was a felony or misdemeanor.
  - c. If you had two or more counts under any case number (i.e., CR123456, Counts II and IV), the respective count number must be written in on the last line in #1 on the application, after the words "on the conviction of ..."

**EXAMPLE:**

"On the conviction of Count II, possession of marijuana, class 6 misdemeanor; Count IV, burglary 3<sup>rd</sup> degree, class 5 felony

**NOTE:** Be sure to answer question #3 on the application

Once you have completed the application in its entirety, you may mail or deliver the application to:

Clerk of the Superior Court  
Criminal file Counter  
201 West Jefferson Street  
Phoenix, AZ 85003  
ATTN: Restoration of Civil Rights Clerk

#### I. REPRESENTATION BY ATTORNEY

If you are represented by an attorney, you must submit and attach an authorization in writing allowing the attorney to act on your behalf. The attorney's address (including email address) must appear on the application.

#### II. SUPERIOR COURT OF ARIZONA

A person convicted of a felony in Superior Court can apply to the court to set aside a judgment of guilt and restore civil rights.

- a. If you were placed on probation in the Superior Court of Maricopa County *and* successfully completed probation, complete all required information on the Application. Be sure to complete question #1 and #2 on the application. This information will be given to you by the Probation Office on request or by calling 602-506-7249. You may also obtain a copy of your probation release from the Clerk's Office, Customer Service Center at 601 W. Jackson.
- b. If you were sentenced to prison, or any Department of Corrections facility, you must obtain a copy of that Absolute Discharge and attach it to the application. The Absolute Discharge must be \*at least two (2) full years ago. Be sure to complete question #1 and #2 on the application.

\* If this is your first felony conviction and you served prison time, you are not required to wait two (2) full years before applying.

#### III. FEDERAL COURT

A person convicted in the U.S. District Court in Arizona may apply to the Superior Court for restoration of civil rights *only*. Your application must include copies of your; Indictment or Complaint, Plea Agreement, Sentencing and Discharge paperwork (Contact the U.S. District Court for copies). You are required to provide proof (certified mail receipt) of notification to the Federal prosecuting attorney. Complete pages 1 (disregarding questions 1 - 4) *and* page 3 of the Application.

#### IV. REQUEST TO POSSESS FIREARMS

Attach to your Application the "Request to Restore Right to Possess or Own Firearms". If you are requesting gun rights to be restored to you, please complete the entire top section of the Request. In the body of the Request, please state to the judge what you are wanting and why you want them. Sign and date the bottom of the Request and submit it with the Application.

## V. REQUEST FOR RECONSIDERATION

Attach to your Application the “Request for Reconsideration”. If you are requesting reconsideration, please complete the entire top section of the Request. In the body of the Request, please state to the judge what you are wanting and why you are requesting reconsideration. Sign and date the bottom of the Request and submit it with the Application.

## VI. PROCEDURE AFTER FILING

Upon receipt of the Application, the Court will give notice to the appropriate state prosecutors as required by law. If an email address is made available, you or your attorney will receive a copy of this notice and will provide to you the date *on or after* your application will be considered. This is not an open hearing and the application is ruled upon in a closed session. No appearance is required. You will receive a signed copy of the Order granting or denying all or part of your request(s) at the address listed on the Application form.

If you have any questions regarding your rights, please refer to The Arizona Rules of Court or Title 13 of the Arizona Revised Statutes located at;

<http://government.westlaw.com/linkedslice/default.asp?SP=AZR-1000>

<http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/13/00905.htm&Title=13&DocType=ARS>

If you have a question regarding your application, you may contact the Restoration Clerk at 602-506-0478.